

## Reporting Form for Adverse Reaction

Veterinarian	
Owner of animal	
Name of product Package	
Batch number	
Expiry Date	
Species	
Breed	
Age	
Dosage	
Date of primovaccination	
Date of revaccination	
Date of application	
Date of reaction	
Local reaction	
General reaction	
Date	
Submitted by	

Other important information:	<ol style="list-style-type: none"><li>1. Date of birth:</li><li>2. Day, time and place of application vaccine:</li> <li>3. Details and quantities of breeder animals:</li><li>4. Number of animals which have been vaccinated by our product, sex, age, weight:</li><li>5. Clinical condition before application:</li><li>6. Parallel usage of other products during treatment or prophylactic surgery in last week before application:</li> <li>7. Application:<ul style="list-style-type: none"><li>- vaccine (store, transport, shaking):</li> <li>- dosage and application details:</li> <li>- applied by who (vet, farmer, keeper):</li></ul></li><li>8. Adverse reactions<ul style="list-style-type: none"><li>- number of animals with reaction and their health condition:</li> <li>- description of reaction:</li> <li>- timelapse of reaction after application:</li> <li>- duration of response:</li> <li>- mortality details:</li></ul></li><li>9. First suspicion of adverse reaction and when was it reported to vet:</li> <li>10. Was first aid given?</li> <li>11. Was the autopsy conducted and what was the result of autopsy (protocol):</li></ol> <p>Date:</p>
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